DoD/VA Tobacco Cessation Clinical Practice Guideline (CPG)

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DoD Tobacco Cessation SME

DoD/VA Tobacco Cessation CPG Update Info

- Evidence based
- Population health focus
- Special populations recognized
- Multi-tiered approach

Guiding Principles

- **“We have to make cessation support as accessible as buying cigarettes for those patients who want to quit.”**
- **62% of active duty tobacco users want to quit in the next 6 months**
- **Cessation support should have a range of intensity**
- **One size does not fit all**

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Key Elements

1. **Every** tobacco user should be advised to quit.
2. Tobacco use is a **chronic relapsing condition** that requires repeated interventions.
3. Several **effective treatments are available** in assisting users to quit.
4. It is essential to **provide access** to effective **evidence-based** tobacco use **counseling treatments and pharmacotherapy**.
5. **Collaborative tailored treatment strategies** result in better outcomes.
6. Quitting tobacco leads **to improved health and quality of life**.
7. **Prevention strategies** aim at reducing initiation, decreasing relapse, and eliminating exposure to environmental tobacco smoke.

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Table 1. Strategies for Tobacco Use Cessation
Each strategy should include pharmacotherapy, counseling, and follow-up. Ensure counseling and pharmacotherapy in the most intense setting that the patient is willing to use/attend and consider patient education materials.

Strategy	Counseling	Pharmacotherapy (e.g., NRT or buproprion)	Typical Setting (individual or group)	Follow-up
Minimal	1 session <3 min	YES + Instructions print-out	Primary care provider *and/or* Other health care team members	Next routine visit
Intermediate	2 - 3 sessions 3-10 min	YES + Instructions print-out	Telephone Quitline**and/or* Primary care provider	1-2 weeks after quit date
Intensive program	≥4 sessions >10 min	YES + Instructions print-out	Cessation program *or* Telephone Quitline* *and/or* Primary care provider	1-2 weeks after quit date

**Medication may be prescribed by the primary care provider or other providers.*

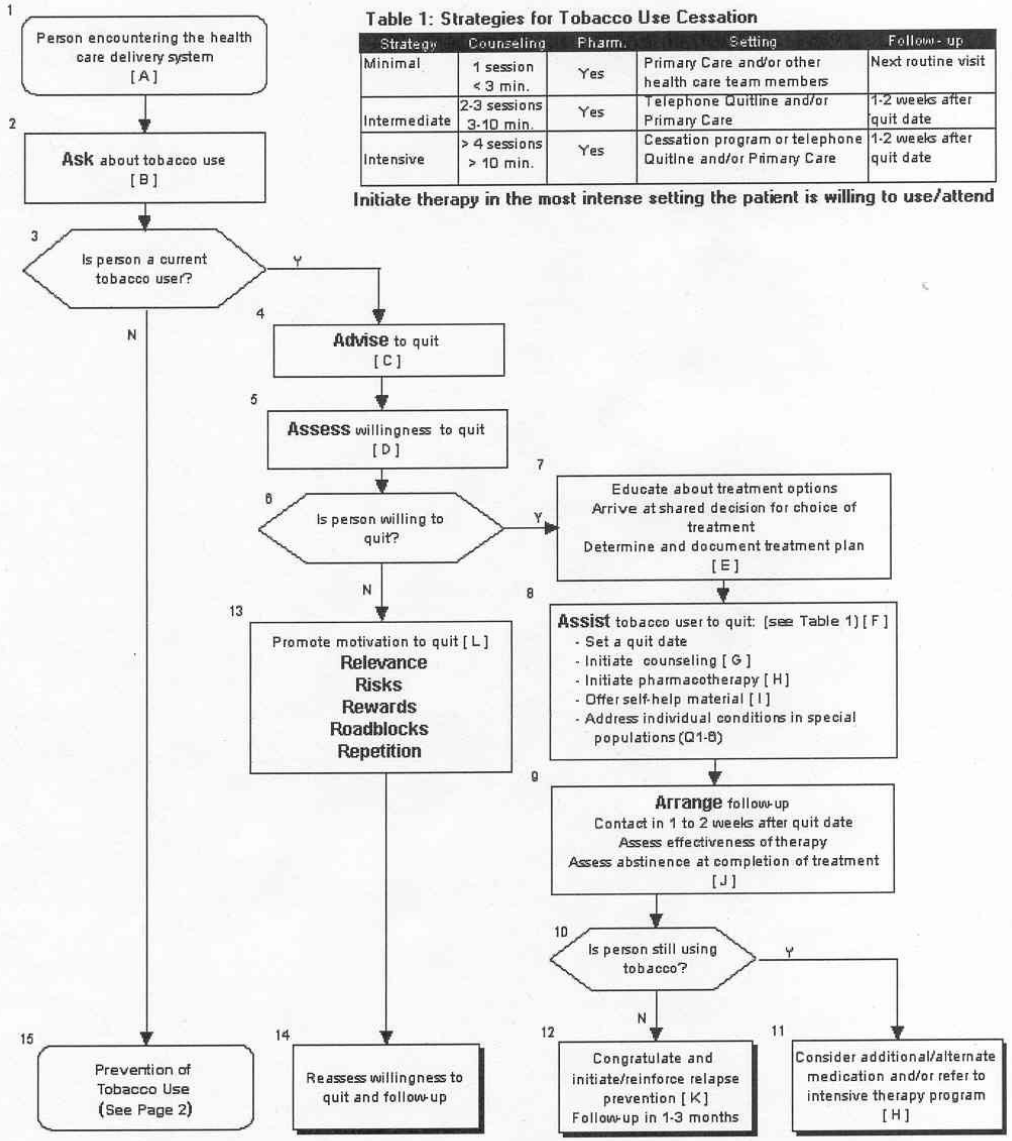
VA/DoD Clinical Practice Guideline for the Management of Tobacco Use

Assessment and Treatment

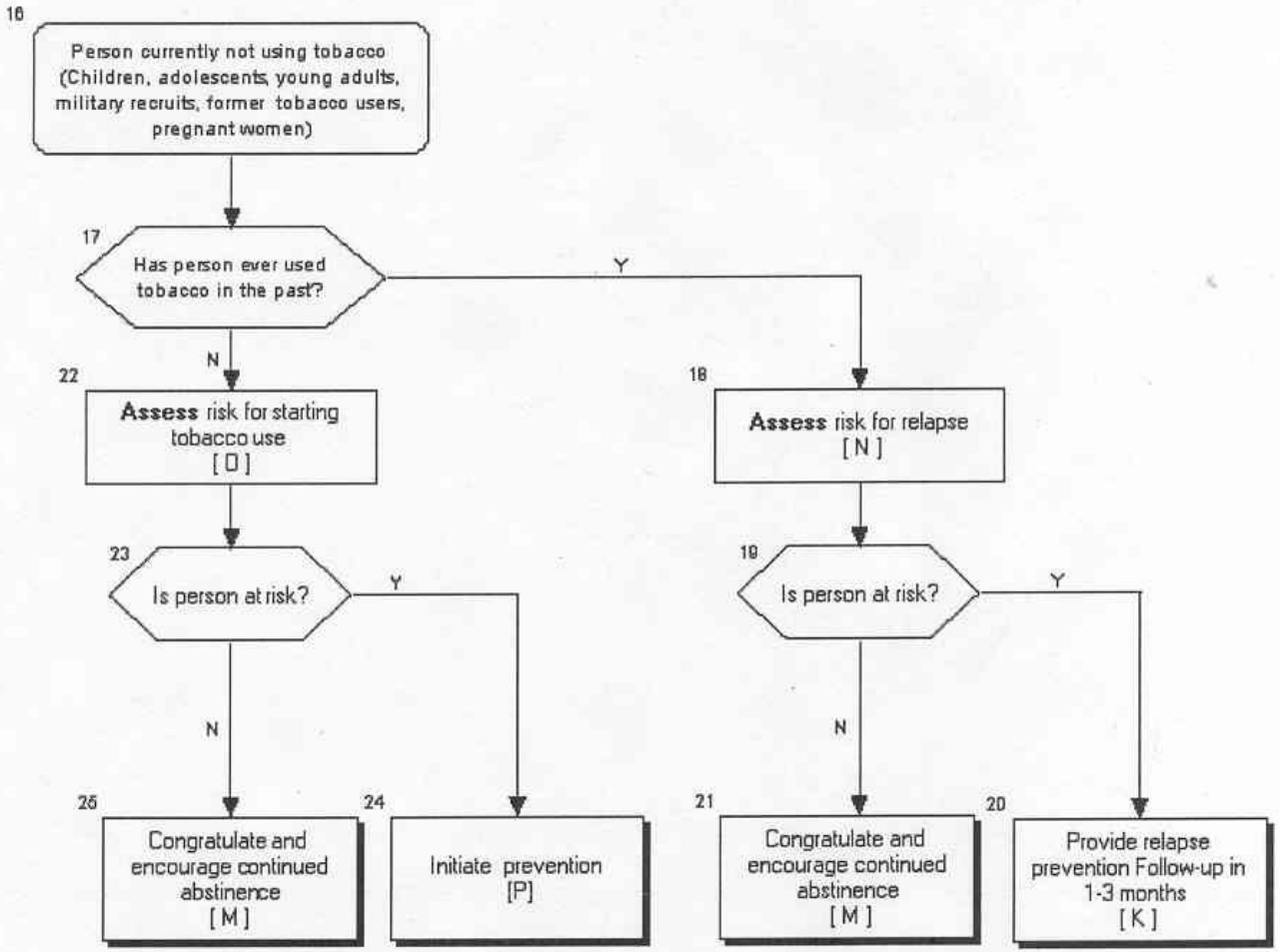
Table 1: Strategies for Tobacco Use Cessation

Strategy	Counseling	Pharm.	Setting	Follow-up
Minimal	1 session < 3 min.	Yes	Primary Care and/or other health care team members	Next routine visit
Intermediate	2-3 sessions 3-10 min.	Yes	Telephone Quitline and/or Primary Care	1-2 weeks after quit date
Intensive	> 4 sessions > 10 min.	Yes	Cessation program or telephone Quitline and/or Primary Care	1-2 weeks after quit date

Initiate therapy in the most intense setting the patient is willing to use/attend



Prevention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Person currently not using tobacco (Children, adolescents, young adults, military recruits, former tobacco users, pregnant women)
17
Has person ever used tobacco in the past?
Y
N
22
Assess risk for starting tobacco use [O]
18
Assess risk for relapse [N]
23
Is person at risk?
Y
N
19
Is person at risk?
Y
N
25
Congratulate and encourage continued abstinence [M]
24
Initiate prevention [P]
21
Congratulate and encourage continued abstinence [M]
20
Provide relapse prevention Follow-up in 1-3 months [K]

Brief Messaging

- “Brief Messaging” is a must!!!!!
- Look for the teachable moment
- 5% will change behavior
- You don’t know which 5%
- Apply to personal issues and needs
- Also seek application to family

Dynamics

- **Only a 2 to 3 minute message**
  - **Use every opportunity**
  - **Short but sweet**
  - **Personalize**
  - **Make it pertinent to visit if possible**

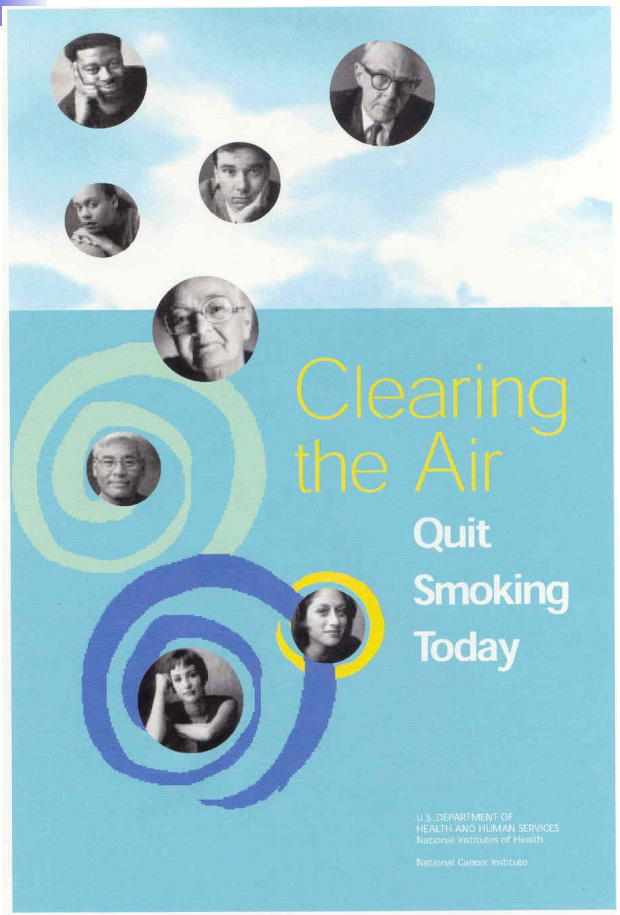
Brief Messaging

- 5 categories
  - No tobacco use age 10 to 25
  - + Tobacco use, wants to quit
  - + Tobacco use, uncertain about quitting
  - + Tobacco use, does not want to quit
  - Former user
- “Brief Messaging” is a must!!!!!

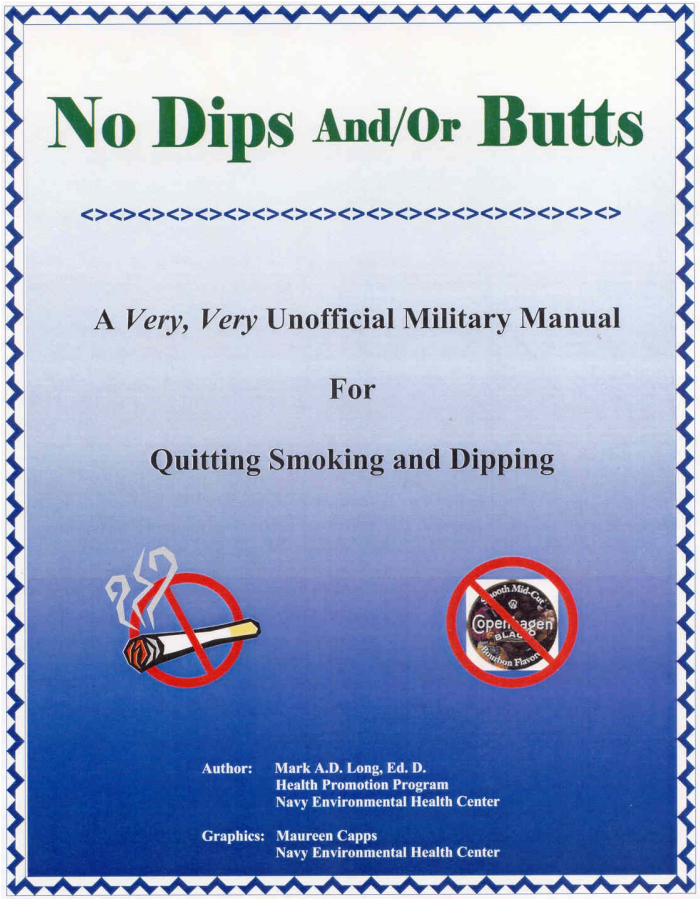
Additional Resources

- **www.smokefree.gov**
- **1-800-quit-now**

Additional Resources



www.smokefree.gov/



www-nehc.med.navy.mil